



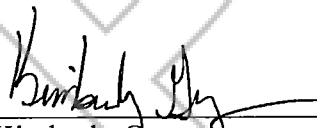
is located in the town of Rachel, County of Lincoln, State of Nevada, and described as follows, to wit:

That portion of the Southeast Quarter (SE 1/4) of the South Half (S 1/2) of the Northeast Quarter (NE 1/4) and the Southeast Quarter (SE 1/4) of Section 35, Township 3 South, Range 55 East, M.D.M. more particularly described as follows:

Lot 1 of that certain Subdivision known as Sunrise Acres Tract #1 as shown on the Map thereof recorded November 1, 1977 in Book A of Plats, page 130 as File No. 60792, Lincoln County, Nevada records.

PARCEL NO: 010-464-06

That Jeffrey Gregos, died on the 2nd day of October, 2019, in the town of Rachel, County of Lincoln, State of Nevada.

  
\_\_\_\_\_  
Kimberly Gregos

STATE OF NEW YORK            )  
  ) SS:  
COUNTY OF MONROE         )

This instrument was acknowledged before me, Pamela Saar, on February 25, 2020 by Kimberly Gregos.

  
\_\_\_\_\_  
Notary Public

**PAMELA J. SAAR**  
Notary Public, State of New York  
Registration #01SA4926705  
Qualified In Ontario County  
Commission Expires Nov. 13, 2022

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4106620

**CERTIFICATE OF DEATH**

2019019650  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Jeffrey Adam GREGOS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 02, 2019</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Rachel</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>5514 Groom Avenue</b>		3e. If Hosp. or Inst. indicate DOA/OP/Emer. Rm. Inpatient (Specify) <b>Other Residence</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>50</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 11, 1969</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Kimberly Ann SOCOLA</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Stage Hand</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Conventions &amp; Events</b>	
15a. RESIDENCE- STATE <b>New York</b>		15b. COUNTY <b>Monroe</b>		15c. CITY, TOWN OR LOCATION <b>West Henrietta</b>	
15d. STREET AND NUMBER <b>543 Martin Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Michael GREGOS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elaine HITCHENS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Kimberly Ann GREGOS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>543 Martin Road West Henrietta, New York 14586</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
TRADE CALL - NAME AND ADDRESS:					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CLARENCE RAY</b> SIGNATURE AUTHENTICATED		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CLARENCE RAY</b> SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) <b>November 10, 2019</b>		21c. HOUR OF DEATH <b>00:30</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>October 02, 2019</b>	
22c. HOUR OF DEATH <b>00:30</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>October 02, 2019</b>		22e. PRONOUNCED DEAD AT (Hour) <b>00:30</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Clarence Ray 1050 SR 322 Pioche, NV 89043</b>				23b. LICENSE NUMBER <b>059</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 12, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Complications Of Chronic Alcohol Use</b>				Interval between onset and death: <b>Unknown</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Diabetes Mellitus</b>				26. AUTOPSY (Specify Yes or No) <b>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

000800146



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 1/7/2020

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

*Blaise Satariano*  
**Blaise Satariano**  
ADMINISTRATOR  
STATE REGISTRAR

